

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**



Europäisches Patentamt
European Patent Office
Office européen des brevets



⑪ Publication number: **0 484 387 B1**

⑫

EUROPEAN PATENT SPECIFICATION

⑮ Date of publication of patent specification :
19.01.94 Bulletin 94/03

⑯ Int. Cl.⁵ : **A61K 6/00, A61L 27/00,**
A61L 25/00, A61K 31/74

⑰ Application number : **90911264.1**

⑱ Date of filing : **20.06.90**

⑲ International application number :
PCT/US90/03478

⑳ International publication number :
WO 91/01126 07.02.91 Gazette 91/04

④ BIODEGRADABLE SYSTEM FOR REGENERATING THE PERIODONTIUM.

⑳ Priority : **24.07.89 US 384416**

⑷ Proprietor : **VIPONT PHARMACEUTICAL, INC.**
1625 Sharp Point Drive
Fort Collins Colorado 80525 (US)

⑳ Date of publication of application :
13.05.92 Bulletin 92/20

⑷ Inventor : **DUNN, Richard, L.**
451 Boardwalk Drive 501
Fort Collins, CO 80525 (US)
Inventor : **TIPTON, Arthur, J.**
412 Garfield
Fort Collins, CO 80524 (US)
Inventor : **SOUTHARD, George, L.**
1512 Brentwood Lane
Fort Collins, CO 80525 (US)
Inventor : **ROGERS, Jack, A.**
713 Greenfield Court
Fort Collins, CO 80524 (US)

⑳ Publication of the grant of the patent :
19.01.94 Bulletin 94/03

⑷ Representative : **Türk, Gille, Hrabal, Leifert**
Brucknerstrasse 20
D-40593 Düsseldorf (DE)

⑸ Designated Contracting States :
AT BE CH DE DK ES FR GB IT LI LU NL SE

⑹ References cited :
EP-A- 0 171 173
EP-A- 0 271 831
EP-A- 0 297 535
WO-A-89/01006
FR-A- 2 635 685

EP 0 484 387 B1

Note : Within nine months from the publication of the mention of the grant of the European patent, any person may give notice to the European Patent Office of opposition to the European patent granted. Notice of opposition shall be filed in a written reasoned statement. It shall not be deemed to have been filed until the opposition fee has been paid (Art. 99(1) European patent convention).

DescriptionBackground of the Invention

Periodontal disease is a highly prevalent disease affecting 90% of the population. Surgery is one of the primary courses of therapy. It assists the patient in home management of the disease but does not result in the restoration of lost periodontium. If surgical therapy could be enhanced to restore the periodontium the patient benefits of the procedure would increase.

Successful periodontal restoration is known to occur if periodontal ligament cells are allowed to colonize root surfaces preferentially over gingival epithelial cells, gingival fibroblasts or osteoblasts. Several studies have been conducted which have elucidated this fundamental mechanism and illustrated its importance in obtaining successful periodontal restoration.

It has been demonstrated that microporous membranes applied beneath periodontal flaps during surgery physically occlude epithelial cells from apically migrating along the root surface. The subsequent re-colonization of the root surface by gingival fibroblasts results in a more selective population of the root surface by periodontal ligament cells.

A number of membranes have been studied including a Millipore® filter and a Teflon membrane. The Teflon membrane is marketed under the trademark GORE-TEX®. A disadvantage of the Millipore® and GORE-TEX® membranes is the need for a second surgical entry to remove the membrane. Accordingly, a membrane for periodontal restoration that is biodegradable in the body would eliminate the need for a second surgical entry and be beneficial to the patient and surgeon from both cost and morbidity stand points.

The use of bioabsorbable membranes has been reported. These include microfibrillar collagen, a polygalactin (Vicryl®) mesh, and a polylactic acid membrane. Results achieved with these biodegradable membranes as well as the Millipore® and GORE-TEX® materials to induce guided tissue regeneration have been variable. Precise cutting of membranes and placement over the treatment site can be difficult, time consuming and unpredictable in therapeutic outcome. Higher incidence of infection has also been reported with the nonbiodegradable membranes. The collagen membranes have given variable degradation times in use and there is the concern for an immunological response to a foreign protein with this material.

There has not heretofore been provided a barrier membrane for tissue regeneration comprising a totally synthetic biodegradable material that can be placed in the repair site to form a membrane having the precise geometry needed for that location and the optimum porosity to prevent epithelial tissue down-

growth.

Summary of the Invention

5 The present invention relates to the use of biodegradable polymers to promote guided tissue regeneration. These polymers can be uniquely administered in liquid form, for example, with a syringe and needle, brush, or pressure applicator to a periodontal pocket or surgical site. When administered the liquid system coagulates or cures (sets) in a short time to form a solid or gelatinous implant. Before the liquid system sets, the dental professional is able to manipulate the system to gain optimum conformity to the treatment site and overcome placement difficulties inherent in non-liquid systems.

10 The biodegradable liquid system is also designed to generate a porous structure when coagulated or cured into the barrier membrane. In this respect, the membrane is similar to the Millipore® and GORE-TEX® membranes which have been shown to work in humans. It is also similar to the Vicryl® mesh membrane except for the size of the pores. Based upon literature references and examination of the GORE-TEX® membrane, a minimum pore size of about 3 microns and a maximum pore size of approximately 500 microns is needed for an effective tissue barrier product. If the pore size is too small, the epithelial cells simply grow around the barrier; if the pores are too large, the epithelial cells grow through the membrane and fill the defect with the wrong type of tissue. But with the correct pore size, the cells grow into the structure to a certain point where they are prevented from growing through or around the barrier. The connective tissue cells also grow into the microporous membrane and block any tendency for downward migration of epithelial cells. In addition, the porous barrier permits the diffusion of essential nutrients and growth factors to the area being repaired.

15 20 25 30 35 40 45 50 55 The number of pores or the percent porosity of the membrane has also been found to be critical to the success of the barrier in regenerating new tissue. If only a few pores are present, the cells that grow into the membrane will be unable to prevent epithelial migration and invagination of the membrane. If there are too many pores, then the membrane will have little structural integrity and it will fracture in use. When this occurs, the membrane does not provide a barrier to cell migration. Consequently, the porous structure described in the present invention is essential to proper tissue regeneration and substantially different from the polylactic acid membranes described in the literature. The membrane-forming biodegradable liquid polymer system and the porous structure of the biodegradable polymer membrane represent a new and improved system over that of previous synthetic biodegradable polymer membranes for periodontal tissue regeneration.

The membrane-forming liquid polymer systems are formulated from biodegradable polymers and copolymers comprising thermoplastic and thermosetting polymer systems. A thermoplastic system is provided in which a solid biodegradable polymer or copolymer is dissolved in a solvent, which is nontoxic and water miscible, to form a liquid solution. Once the polymer solution is placed into the body where there is sufficient water, the solvent dissipates or diffuses away from the polymer, leaving the polymer to coagulate or solidify into a solid structure which can serve as a barrier membrane. Alternatively, the liquid can be set outside of the body so that the dental professional can shape the material to fit the site of application. To obtain the porous structure needed for optimum barrier properties, water-soluble materials are incorporated into the polymer solution. These water-soluble materials may be solid particles such as sugar or salt crystals, polymers not soluble in the biodegradable polymer or its carrier solvent, or polymers that are also soluble in the solvent for the biodegradable polymer.

Biologically active agents can also be incorporated into the polymer to provide a porous structure as well as to produce a biological effect. For these systems, the biologically active agent is added to the polymer solution where it is either dissolved to form a homogenous solution or dispersed to form a suspension or dispersion of drug within the polymeric solution. When the polymer solution is exposed to body fluids or water, the solvent diffuses away from the polymer-drug mixture and water diffuses into the mixture where it coagulates the polymer thereby trapping or encapsulating the drug within the polymeric matrix as the implant solidifies. The release of the drug then follows the general rules for diffusion or dissolution of a drug from within the polymeric matrix. The dissolution of the biologically active agent creates pores in the polymer membrane into which the cells can penetrate. The size of the pores generated is dependent upon the particle size of the drug or the water-soluble particle if the material is dispersed within the polymer matrix. If the drug or material is soluble in the polymer solution, then the quantity and the uniformity of the distribution of the material within the polymer matrix as the polymer coagulates will determine the size of the pores when the agent or material is released or dissolved out of the solid polymer matrix.

The other liquid polymer system which can be used to generate the barrier membrane in-situ is a thermosetting system comprising reactive, liquid, oligomeric polymers which contain no solvents and which cure in place to form solids, usually with the addition of a curing catalyst. The liquid oligomeric polymers useful in the thermosetting system are first synthesized via copolymerization of either DL-lactide or L-lactide with ϵ -caprolactone using a multifunctional

polyol initiator and a catalyst to form polyol-terminated prepolymers. The polyol-terminated prepolymers are then converted to acrylic ester-terminated prepolymers, preferably by acylation of the alcohol terminus with acryloyl chloride via a Schotten-Baumann-like technique, i.e., reaction of acyl halides with alcohols. The acrylic ester-terminated prepolymers may also be synthesized in a number of other ways, including but not limited to, reaction of carboxylic acids, i.e., acrylic or methacrylic acid with alcohols, reaction of carboxylic acid esters i.e., methyl acrylate or methyl methacrylate with alcohols by transesterification, and reaction of isocyanatoalkyl acrylates i.e., isocyanatoethyl methacrylate with alcohols.

The liquid acrylic-terminated prepolymer is cured, preferably by the addition of benzoyl peroxide or azobisisobutyronitrile, to a more solid structure. Thus, for a barrier membrane utilizing these cross-linkable polymers, the catalyst is added to the liquid acrylic-terminated prepolymer immediately prior to injection into the body. Once in the repair site, the crosslinking reaction will proceed until sufficient molecular weight has been obtained to cause the polymer to solidify and form the barrier membrane. The liquid prepolymer can also be formed and cured outside of the tissue repair site to give a membrane with the exact dimensions needed for that location. The thermosetting polymers may be made porous by the same techniques described above for the thermoplastic polymers. Water-soluble components such as sodium chloride, sodium carbonate, sugar, citric acid, and polymers such as poly(vinyl pyrrolidone) and poly(ethylene glycol) may be incorporated into the liquid prepolymer before it is cured. Biologically active agents that release or dissolve out of the solid polymer matrix may also be used to create a porous structure as well as a biological effect.

In both the thermoplastic and the thermosetting systems, the advantages of liquid application are achieved. For example, the polymer may be injected via syringe and needle into the periodontal pocket or surgical site while it is in liquid form and then left in-situ to form a solid, microporous, biodegradable barrier membrane or implant structure. Alternatively, the liquid system can be set outside of the body so it can be shaped or molded to a site. In addition to providing a porous barrier membrane, those liquid polymers containing biologically active agents may be used to stimulate or accelerate tissue repair by serving as a drug delivery vehicle also. As such, the liquid polymer may be injected directly into the area of tissue needing repair. The release of the active agents will stimulate cellular activity and the porous structure of the implant will allow tissue ingrowth and subsequent tissue repair as the polymer biodegrades.

The term "biologically active agent" means a drug or some other substance capable of producing a physiological effect on a body. Drugs suitable for

the purpose of restoring the periodontium are of synthetic and natural origin. Such drugs are termed tissue repair mediators and include but are not limited to fibronectin (FN), endothelial cell growth factor (ECGF), cementum attachment extracts (CAE), ketanserin, human growth hormone (HGH), animal growth hormones, fibroblast growth factor (FGF), platelet derived growth factor (PDGF), epidermal growth factor (EGF), interleukin-1 (IL-1), transforming growth factor (TGF β -2), insulin-like growth factor II (IGF-II), human alpha thrombin (HAT), osteoinductive factor (OIF), bone morphogenetic protein (BMP), and releasing factors for any of the above. The interaction of these biochemical mediators and cellular extracts with regenerative cells has been discussed in the literature. Other drugs such as antibiotics or antimicrobial agents can also be added to the liquid polymer to give membranes or implants which prevent an infection.

It is an object of the present invention to provide a method to aid in the restoration of the periodontium through guided tissue regeneration by physical barrier means.

It is also an object of the present invention to provide a method to aid in the restoration of the periodontium by serving as a controlled release delivery system for mediators that stimulate periodontal tissue repair.

It is also an object of the present invention to provide a method to assist in the restoration of the periodontium simultaneously through guided tissue regeneration by barrier means and the controlled release of mediators that stimulate periodontal tissue repair.

It is also an object of the present invention to provide an in-situ forming microporous implant to serve as a physical barrier or delivery system for tissue repair mediators.

It is also an object of this invention to provide a method to prevent infection by the incorporation of antimicrobial agents into the system while aiding in the restoration of the periodontium through physical barrier means and/or the delivery of tissue repair mediators.

Detailed Description of the Invention

The present invention relates to in-situ forming biodegradable microporous membranes or implants that can be used to aid in the restoration of the periodontium by the principal of guided tissue regeneration and/or delivery of biochemical mediators to restore the periodontium. Two types of biodegradable polymers described for these purposes are thermoplastic polymers dissolved in a biocompatible solvent and thermosetting polymers that are liquids without the use of solvents.

A. Thermoplastic System

A thermoplastic system is provided in which a solid, linear-chain, biodegradable polymer is dissolved in a biocompatible solvent to form a liquid, which can then be administered via a syringe and needle. Examples of biodegradable polymers which can be used in this application are polylactides, polyglycolides, polycaprolactones, polyanhydrides, polyamides, polyurethanes, polyesteramides, polyorthoesters, polydioxanones, polyacetals, polyketals, polycarbonates, polyorthocarbonates, polyphosphazenes, polyhydroxybutyrate, polyhydroxyvalerates, polyalkylene oxalates, polyalkylene succinates, poly(malic acid), poly(amino acids), polyvinylpyrrolidone, polyethylene glycol, polyhydroxycellulose, chitin, chitosan, and copolymers, terpolymers, or combinations or mixtures of the above materials. The preferred polymers are those which have lower degree of crystallization and are more hydrophobic. These polymers and copolymers are more soluble in the biocompatible solvents than the highly crystalline polymers such as polyglycolide and chitin which also have a high degree of hydrogen-bonding. Preferred materials with the desired solubility parameters are the polylactides, polycaprolactones, and copolymers of these with each other and glycolide in which there are more amorphous regions to enhance solubility.

It is also preferred that the solvent for the biodegradable polymer be non-toxic, water miscible, and otherwise biocompatible. Solvents that are toxic should not be used to inject any material into a living body. The solvents must also be biocompatible so that they do not cause severe tissue irritation or necrosis at the site of implantation. Furthermore, the solvent should be water miscible so that it will diffuse quickly into the body fluids and allow water to permeate into the polymer solution and cause it to coagulate or solidify. Examples of such solvents include N-methyl-2-pyrrolidone, 2-pyrrolidone, ethanol, propylene glycol, acetone, methyl acetate, ethyl acetate, ethyl lactate, methyl ethyl ketone, dimethylformamide, dimethyl sulfoxide, dimethyl sulfone, tetrahydrofuran, caprolactam, decylmethylsulfoxide, oleic acid, N,N-diethyl-m-toluamide, and 1-dodecylazacycloheptan-2-one. The preferred solvents are N-methyl-2-pyrrolidone, 2-pyrrolidone, dimethyl sulfoxide, and acetone because of their solvating ability and their compatibility.

The solubility of the biodegradable polymers in the various solvents will differ depending upon their crystallinity, their hydrophilicity, hydrogen-bonding, and molecular weight. Thus, not all of the biodegradable polymers will be soluble in the same solvent, but each polymer or copolymer should have its optimum solvent. Low molecular-weight polymers will normally dissolve more readily in the solvents than high-molecular-weight polymers. As a result, the concen-

tration of a polymer dissolved in the various solvents will differ depending upon type of polymer and its molecular weight. Conversely, the higher molecular-weight polymers will normally tend to coagulate or solidify faster than the very low-molecular-weight polymers. Moreover the higher molecular-weight polymers will tend to give higher solution viscosities than the low-molecular-weight materials. Thus for optimum injection efficiency, the molecular weight and the concentration of the polymer in the solvent have to be controlled.

For polymers that tend to coagulate slowly, a solvent mixture can be used to increase the coagulation rate. Thus one liquid component of the mixture is a good solvent for the polymer, and the other component is a poorer solvent or a non-solvent. The two liquids are mixed at a ratio such that the polymer is still soluble but precipitates with the slightest physiological environment. By necessity, the solvent system must be miscible with both the polymer and water.

In one envisioned use of the thermoplastic system, the polymer solution is placed in a syringe and injected through a needle into the periodontal site. Once in place, the solvent dissipates, the remaining polymer solidifies, and a solid structure such as a membrane or implant is formed. The polymer will adhere to the surrounding tissue or bone by mechanical forces and can assume the shape of the periodontal pocket or surgical site. Unlike collagen implants, the degradation time of the polymer can be varied from a few weeks to years depending upon the polymer selected and its molecular weight. The injectable system can also be used to adhere gingival tissue to other tissue or other implants to tissue by virtue of its mechanical bonding. Another envisioned use of the liquid polymer system is to provide a drug-delivery system. In this use, a bioactive agent is added to the polymer solution prior to injection, and then the polymer/solvent/agent mixture is injected into the body. In some cases, the drug will also be soluble in the solvent, and a homogenous solution of polymer and drug will be available for injection. In other cases, the drug will not be soluble in the solvent, and a suspension or dispersion of the drug in the polymer solution will result. This suspension or dispersion can also be injected into the body. In either case, the solvent will dissipate and the polymer will solidify and entrap or encase the drug within the solid matrix. The release of drug from these solid implants will follow the same general rules for release of a drug from a monolithic polymeric device. The release of drug can be affected by the size and shape of the implant, the loading of drug within the implant, the permeability factors involving the drug and the particular polymer, the porosity of the polymer implant or membrane, and the degradation of the polymer. Depending upon the bioactive agent selected for delivery, the above parameters can be adjusted by one skilled in the art of drug delivery to give

the desired rate and duration of release.

The term drug or bioactive (biologically active) agent as used herein includes physiologically or pharmacologically active substances that act locally or systemically at a peri dental site. Representative drugs and biologically active agents to be used with the syringeable, in-situ forming, solid microporous implant systems include, FN, ECGF, CAE, ketanserin, HGH, animal growth hormones, FGF, PDGF, EGF, IL-1, TGF β -2 ILGF-II, HAT, OIF, BMP, and releasing factors for any of the above. Antimicrobial agents and antibiotics can also be used. To those skilled in the art, other drugs or biologically active agents that can be released in an aqueous environment can be utilized in the described injectable delivery system. Also, various forms of the drugs or biologically active agents may be used. These include forms such as uncharged molecules, molecular complexes, salts, ethers, esters, amides, etc., which are biologically activated when injected into the body.

The amount of drug or biologically active agent incorporated into the injectable, in-situ, solid forming implant depends upon the desired release profile, the concentration of drug required for a biological effect, and the length of time that the drug has to be released for treatment. There is no critical upper limit on the amount of drug incorporated into the polymer solution except for that of an acceptable solution or dispersion viscosity. The lower limit of drug incorporated into the delivery system is dependent simply upon the activity of the drug and the length of time needed for treatment.

Not only can the drug incorporated into the system be used to create a biological effect, but it can also be used to create the microporous structure needed for connective tissue ingrowth and barrier to epithelial migration. If the drug is highly water soluble, it will be dissolved or released from the polymer matrix quickly and create the pores required for tissue ingrowth. If the drug is released or dissolved slowly, the pores can be created at a rate similar to that for cell migration into the newly formed pores. The size of the pores will be dependent upon the size of the drug particles in the polymer matrix. If the drug is insoluble in the polymer formulation, then discrete particles of drug can be properly sized or sieved before incorporation into the polymer solution to give the desired pore size. If the drug is also soluble in the polymer solution, then the distribution or mixing of the drug within the formulation and the method by which the drug precipitates upon contact with water or body fluids will determine the pore sizes when the precipitated particles are later dissolved. The pore sizes can be determined by examining cross-sections of the coagulated polymer matrix with scanning electron microscopy. An average pore size and distribution can be calculated from these examinations. For an effective tissue barrier, the pore sizes should be a mini-

mum of 3 microns and less than 500 microns. The preferred pore sizes should range from about 20 to 200 microns.

The number of pores or the percent porosity will depend upon the quantity of water-soluble drug or other water-soluble ingredients incorporated into the formulation. Larger quantities of such materials will provide more pores and a higher percent porosity. The percent porosity should be between 5% and 95% with the preferable range of 25 to 85% for optimum tissue ingrowth and structural integrity. The percent porosity can be determined by a number of different methods including mercury intrusion porosimetry, specific gravity or density comparisons, and calculations from scanning electron microscopy photographs. To simplify the determination of porosity in our system, we have defined percent porosity as the percent water-soluble material present in the formulation. This calculation is appropriate because the polymer forms a membrane as soon as it contacts body fluid or water and the dissolution of the water-soluble materials, including the solvent, creates pores. Thus, a formulation that contains 30% polymer and 70% solvent or other water-soluble material would provide a solid polymer matrix with 70% porosity.

Pores can also be created in the polymer matrix by the use of water-soluble compounds that are not drugs. Almost any biocompatible water-soluble material can be used. These materials can either be soluble in the polymer solution or simply dispersed within the formulation. The same parameters described above for the drugs govern the pore size and percent porosity obtained with these nondrug materials. Thus, the size of the particles dispersed within the polymer formulation determine the size of the resulting pores in the solidified polymer matrix and the quantity of material determines the percent porosity. If the material is soluble in the polymer formulation, then the mixing or distribution of the material in the polymer solution and the aggregation when the polymer coagulates will determine the size of the resultant pores when the material dissolves out of the polymer matrix. A number of different water-soluble materials can be dispersed or dissolved in the polymer formulation to give pores when they are slowly dissolved in the body. These include sugars, salts, and polymers. Examples are sucrose, dextrose, sodium chloride, sodium carbonate, hydroxylpropylcellulose, carboxymethylcellulose, polyethylene glycol, and polyvinylpyrrolidone.

In all cases, the microporous solid implant formed with the injectable polymer solution will slowly biodegrade within the periodontal site and allow natural tissue to grow and replace the implant as it disappears. Thus, when the material is injected into a soft tissue defect, it will fill that defect and provide a scaffold for natural collagen tissue to grow. This collagen

tissue will gradually replace the biodegradable polymer. With hard tissue such as bone, the biodegradable polymer will support the growth of new bone cells which will also gradually replace the degrading polymer. For drug-delivery systems, the solid microporous implant formed from the injectable system will release the drug contained within its matrix at a controlled rate until the drug is depleted. With certain drugs, the polymer will degrade after the drug has been completely released. With other drugs such as peptides or proteins, the drug will be completely released only after the polymer has degraded to a point where the non-diffusing drug has been exposed to the body fluids.

B. Thermosetting System

The injectable, in-situ forming, biodegradable microporous implants can also be produced by cross-linking appropriately functionalized biodegradable polymers. The thermosetting system comprises reactive, liquid, oligomeric polymers which cure in place to form solids, usually with the addition of curing catalyst. Although any of the biodegradable polymers previously described for the thermoplastic system can be used, the limiting criteria is that low-molecular-weight oligomers of these polymers or copolymers must be liquids and they must have functional groups on the ends of the prepolymer which can be reacted with acryloyl chloride to produce acrylic-ester-capped prepolymers.

The preferred biodegradable system is that produced from poly(DL-lactide-co-caprolactone), or "DL-PLC". Low-molecular-weight polymers or oligomers produced from these materials are flowable liquids at room temperature. Hydroxy-terminated PLC prepolymers may be synthesized via copolymerization of DL-lactide or L-lactide and ε-caprolactone with a multifunctional polyol initiator and a catalyst. Catalysts useful for the preparation of these prepolymers are preferably basic or neutral ester-interchange (trans-esterification) catalysts. Metallic esters of carboxylic acids containing up to 18 carbon atoms such as formic, acetic, lauric, stearic, and benzoic are normally used as such catalysts. Stannous octoate and stannous chloride are the preferred catalysts, both for reasons of FDA compliance and performance.

If a bifunctional polyester is desired, a bifunctional chain initiator such as ethylene glycol is employed. A trifunctional initiator such as trimethylolpropane produces a trifunctional polymer, etc. The amount of chain initiator used determines the resultant molecular weight of the polymer or copolymer. At high concentrations of chain initiator, the assumption is made that one bifunctional initiator molecule initiates only one polymer chain. On the other hand, when the concentration of bifunctional initiator is very low, each initiator molecule can initiate two polymer chains. In any

case, the polymer chains are terminated by hydroxyl groups. In this example, the assumption has been made that only one polymer chain is initiated per bi-functional initiator molecule. This assumption allows the calculation of theoretical molecular weight for the prepolymers.

The diol prepolymers are converted to acrylic-ester-capped prepolymers via a reaction with acryloyl chloride under Schotten-Baumann-like conditions. Other methods of converting the diol prepolymers to acrylicester-capped prepolymers may also be employed.

The acrylic prepolymers and diol prepolymers are then cured. The general procedure for the curing of the prepolymers is now described: to 5.0g of acrylic prepolymer contained in a small beaker is added a solution of benzoyl peroxide (BP) in approximately 1 mL of CH_2Cl_2 . In some cases, fillers or additional acrylic monomers may be added to the prepolymers prior to the introduction of the BP solution. The mixtures are stirred thoroughly and then poured into small petri dishes where they are cured at room temperature in air or in a preheated vacuum oven.

This thermosetting system may be used whenever a biodegradable implant is desired. For example, because the prepolymer remains a liquid for a short time after addition of the curing agent, the liquid prepolymer/curing agent mixture may be placed into a syringe and injected into a body. The mixture then solidifies in-situ, thereby providing an implant without an incision. The mixture may also be placed into an incision without the use of a syringe to form a membrane or implant. Furthermore, a drug-delivery system may be provided by adding a biologically active agent to the prepolymer prior to injection. Once in-situ, the system will cure to a solid; eventually, it will biodegrade, and the agent will be gradually released. A microporous structure may be formed by the dissolution or release of the biologically active agent, or water-soluble materials may be incorporated into the liquid prepolymer before it is injected into the body and cured. The same parameters described for the thermoplastic system also govern the size of the pores formed in the implant and the percent porosity.

Detailed Description of Examples

The following examples are set forth as representative of the present invention.

Example 1

A formulation consisting of a 5% equimolar mixture of sodium carbonate and citric acid, 34.8% poly(DL-lactide) (DL-PLA) and 60.2% N-methyl pyrrolidone (NMP) was prepared by suspending particles of the sodium carbonate and citric acid in the polymer solution. The DL-PLA polymer had a molecular

weight of about 30,000 daltons (inherent viscosity of 0.38 dL/g). One drop of the formulation was precipitated into a vial containing phosphate-buffered saline (PBS) or water. The vial was placed in a 37°C shaker bath. After remaining at 37°C for a time period of at least 48h, the sample was removed from the fluid, and dried in vacuo prior to examination by SEM. A porous structure resulted with 5 μ pores and a percent porosity of 65.2%.

Example 2

15 A formulation consisting of 5% sucrose, 34.8% DL-PLA and 60.2% NMP was treated as in Example 1. A porous structure resulted with a large number of 3 μ pores and a percent porosity of 65.2%.

Example 3

20 A formulation consisting of 5% poly(vinyl pyrrolidone)(PVP), 34.8% DL-PLA and 60.2% NMP was treated as in Example 1. A porous structure resulted with pore sizes of 5-10 μ and a percent porosity of 65.2%.

Example 4

25 A formulation consisting of 10% PVP, 33.0% DL-PLA and 57.0% NMP was treated as in Example 1. A porous structure resulted with pore sizes of 5-20 μ and a percent porosity of 67.0%.

Example 5

30 A formulation was prepared consisting of 50% DL-PLA and 50% NMP with two different molecular weights of polymer. A water-soluble low-molecular-weight DL-PLA with a molecular weight of 2000 daltons was mixed with a higher-molecular-weight DL-PLA with an inherent viscosity of 0.38 dL/g and an approximate molecular weight of 30,000 daltons and dissolved NMP to give a solution with a composition of 38% low-molecular-weight DL-PLA, 12% higher molecular weight DL-PLA, and 50% NMP. This formulation was treated as described in Example 1 to give a porous structure with pores from 10-50 μ and a percent porosity of 50%.

Example 6

35 A formulation consisting of 5% ethoxydihydro-sanguinarine (SaOEt), 27.5% DL-PLA and 67.5% NMP was treated as in Example 1. SaOEt is an anti-microbial agent derived from the benzophenanthridine alkaloids. A porous structure resulted with pore sizes of 15-30 μ and a percent porosity of 72.5%.

Example 7

A formulation consisting of 5% SaOEt, 27.5% DL-PLA and 67.5% NMP was treated as in Example 1. The difference was that the DL-PLA used in this sample had a lower molecular weight of about 10,000 daltons. A porous structure resulted with pore size of 4-8 μ . This sample was also examined by X-ray tomography on a wet sample. Scanned at intervals of 0.25 mm, the samples showed porosity throughout with a percent porosity of 72.5%.

Example 8

A formulation consisting of 5.0% sanguinarine chloride (SaCl), 47.5% DL-PLA and 47.5% NMP was placed in the periodontal pocket of a human. SaCl is an anti-microbial and anti-inflammatory agent derived from the benzophenanthridine alkaloids. After 28 days the sample was removed, dried in vacuo and examined by SEM. Small pores of 1-2 μ and larger pores of 10-20 μ were evident with a percent total porosity of 52.5%. Approximately 50% of the pores were 10-20 μ .

Example 9

A formulation consisting of 33% PVP, 33% 50/50 copolymer of DL-lactide and glycolide (DL-PLG) and 34% NMP was treated as in Example 1. A porous structure resulted with pore sizes of 3-10 μ . Further examination showed the pores in an interconnecting network with a percent porosity of 67%.

Example 10

A lyophilized sample of fibronectin, a tissue growth and cell attachment factor, was added to a solution of DL-PLA in NMP to give a dispersion with 13.2% by weight of the lyophilized fibronectin product, 30.4% DL-PLA, and 56.4% NMP. Because the fibronectin product contained various salts as a result of the lyophilization process, there was only 0.89% of active drug in the formulation. This formulation was added to a phosphate-buffered receiving fluid where it coagulated into a solid mass. The receiving fluid was maintained at 37°C under agitation and changed often to prevent a high concentration of the drug in the fluid. The receiving fluid was analyzed for total protein concentration by the Pierce BCA protein assay and the cumulative percentage of drug released was calculated. After one day, about 12% of the drug was released with 25% after 2 days, 26% after 3 days, 28% after 4 days, 30% after 5 days, and 33% after 7 days. The percent porosity of the initial implant was 56.4% with the level increasing as the drug was released. The pores produced were greater than 3 μ .

Example 11

5 Ketanserin tartrate, a serotonin antagonist and wound-healing factor, was added to a solution of DL-PLA in NMP to give a clear solution containing 10% by weight ketanserin, 33% DL-PLA, and 57% NMP. When this formulation was added to phosphate-buffered saline solution (pH 7.1), it coagulated into a solid mass. The receiving fluid was maintained at 37°C under agitation and exchanged frequently. It was noted that as the ketanserin released from the polymer it precipitated in the buffered saline solution. The precipitated drug was filtered and dissolved in dimethylformamide for analysis by HPLC. The release of ketanserin was essentially constant throughout the period of observation with about 0.8% after 1 day, 3.2% after 6 days, and 7.3% after 16 days. The percent porosity of the initial implant was 57% and the pore size was 5-15 μ . The percent porosity increased as the drug was released from the polymer matrix.

Claims

25 1. An in-situ forming biodegradable implant for assisting the restoration of periodontal tissue in a periodontal pocket, comprising:
30 a biodegradable polymer having a porosity in the range of 5 to 95%, wherein the porosity is provided by pores having a size in the range of 3 to 500 micrometers (microns).

35 2. A biodegradable implant according to claim 1, wherein the implant includes pores having a size in the range of 20 to 200 micrometers (microns).

40 3. A biodegradable implant according to claim 1, wherein the polymer is thermoplastic and dissolved in a water-miscible liquid solvent to form a solution, wherein when the solution is placed in the pocket, the polymer is capable of forming a solid implant in the pocket upon dissipation of the solvent.

45 4. A biodegradable implant according to claim 3, wherein the solution further comprises a water-soluble material.

50 5. A biodegradable implant according to claim 4, wherein the water-soluble material is selected from the group consisting of sugars, salts, and water-soluble polymers.

55 6. A biodegradable implant according to claim 4, wherein the water-soluble material is present in an amount of 5 to 85 percent by weight based upon the total weight of the polymer.

7. A biodegradable implant according to claim 3, wherein the polymer is selected from the group consisting of polylactides, polyglycolides, polycaprolactones, polyanhydrides, polyamides, polyurethanes, polyesteramides, polyorthoesters, polydioxanones, polyacetals, polycarbonates, polyorthocarbonates, polyphosphazenes, polyhydroxybutyrate, polyhydroxyvalerates, polyalkylene oxalates, polyalkylene succinates, poly(malic acid), poly(amino acids), polyvinylpyrrolidone, polyethylene glycol, polyhydroxycellulose, chitin, chitosan, and copolymers, terpolymers and any combinations thereof.

8. A biodegradable implant according to claim 3, wherein the solvent is selected from the group consisting of N-methyl-2-pyrrolidone, 2-pyrrolidone, ethanol, propylene glycol, acetone, ethyl acetate, ethyl lactate, methyl acetate, methyl ethyl ketone, dimethylformamide, dimethyl sulfoxide, dimethyl sulfone, tetrahydrofuran, caprolactam, decylmethylsulfoxide, oleic acid, N,N-diethyl-m-toluamide, and 1-dodecylazacycloheptan-2-one and any combination and mixture thereof.

9. A biodegradable implant according to claim 1, wherein the polymer is in a liquid state, capable of thermosetting, and, when placed in the pockets is capable of being cured in-situ to form the implant.

10. A biodegradable implant according to claim 9, wherein the liquid polymer is an acrylic-ester-terminated prepolymer which when combined with a curing agent and placed in the pocket, is capable of being cured in-situ.

11. A biodegradable implant according to claim 10, wherein the prepolymer comprises poly(DL-lactide-co-caprolactone).

12. A biodegradable implant according to claim 1, further comprising a biologically active agent.

13. An in-situ forming biodegradable barrier for retarding apical migration of epithelial cells along the root surface of a tooth, comprising:
a biodegradable polymer having a porosity in the range of 5 to 95%, wherein the porosity is provided by pores having a size in the range of 3 to 500 micrometers (microns).

14. A biodegradable barrier according to claim 13, wherein the barrier includes pores having a size in the range of 20 to 200 micrometers (microns).

15. A biodegradable barrier according to claim 13, wherein the polymer is thermoplastic and dis-

5 solved in a water-miscible liquid solvent to form a solution, wherein when the solution is placed adjacent to the root surface, the polymer is capable of forming a solid implant adjacent to the root surface upon dissipation of the solvent.

10 16. A biodegradable barrier according to claim 15, wherein the solution further comprises a water-soluble material.

15 17. A biodegradable barrier according to claim 16, wherein the water-soluble material is selected from a group consisting of sugars, salts, and water-soluble polymers.

20 18. A biodegradable barrier according to claim 16, wherein the water-soluble material is present in an amount of 5 to 85% by weight based upon the total weight of the polymer.

25 19. A biodegradable barrier according to claim 15, wherein the polymer is selected from the group consisting of polylactides, polyglycolides, polycaprolactones, polyanhydrides, polyamides, polyurethanes, polyesteramides, polyorthoesters, polydioxanones, polyacetals, polycarbonates, polyorthocarbonates, polyphosphazenes, polyhydroxybutyrate, polyhydroxyvalerates, polyalkylene oxalates, polyalkylene succinates, poly(malic acid), poly(amino acids), polyvinylpyrrolidone, polyethylene glycol, polyhydroxy-cellulose, chitin, chitosan, and copolymer, terpolymers and any combination and mixture thereof.

30 35 20. A biodegradable barrier according to claim 15, wherein the solvent is selected from the group consisting of N-methyl-2-pyrrolidone, 2-pyrrolidone, ethanol, propylene glycol, acetone, ethyl acetate, ethyl lactate, methyl acetate, methyl ethyl ketone, dimethylformamide, dimethyl sulfoxide, dimethyl sulfone, tetrahydrofuran, caprolactam, decylmethylsulfoxide, oleic acid, N,N-diethyl-m-toluamide, and 1-dodecylazacycloheptan-2-one and combinations and mixtures thereof.

40 45 50 55 21. A biodegradable barrier according to claim 13, wherein the polymer is in a liquid state, capable of thermosetting, and, when placed adjacent to the root surface, is capable of being cured in-situ to form the barrier.

22. A biodegradable barrier according to claim 21, wherein the liquid polymer is an acrylic-ester-terminated prepolymer which when combined with a curing agent and placed adjacent to the root surface, is capable of being cured in-situ.

23. A biodegradable barrier according to claim 22,

wherein the prepolymer comprises poly(DL-lactide-co-caprolactone).

24. A biodegradable barrier according to claim 13, further comprising a biologically active agent.

25. An in-situ forming biodegradable implant for promoting guided tissue regeneration in a periodontal pocket, comprising:
a biodegradable polymer having a porosity in the range of 5 to 95%, wherein the porosity is provided by pores having a size in the range of 3 to 500 micrometers (microns).

26. A biodegradable implant according to claim 25, wherein the implant includes pores having a size in the range of 20 to 200 micrometers (microns).

27. A biodegradable implant according to claim 25, wherein the polymer is thermoplastic and dissolved in a water-miscible liquid solvent to form a solution, wherein when the solution is placed in the pocket, the polymer is capable of forming a solid implant in the pocket upon dissipation of the solvent.

28. A biodegradable implant according to claim 27, wherein the solution further comprises a water-soluble material.

29. A biodegradable implant according to claim 28, wherein the water-soluble material is selected from the group consisting of sugars, salts, and water-soluble polymers.

30. A biodegradable implant according to claim 28, wherein the water-soluble material is present in an amount of 5 to 85 percent by weight based upon the weight of the polymer.

31. A biodegradable implant according to claim 27, wherein the polymer is selected from the group consisting of polylactides, polyglycolides, polycaprolactones, polyanhydrides, polyamides, polyurethanes, polyesteramides, polyorthoesters, polydioxanones, polyacetals, polycarbonates, polyorthocarbonates, polyphosphazenes, polyhydroxybutyrate, polyhydroxyvalerates, polyalkylene oxalates, polyalkylene succinates, poly(malic acid), poly(amino acids), polyvinylpyrrolidone, polyethylene glycol, polyhydroxy-cellulose, chitin, chitosan, and copolymers, terpolymers and any combination and any mixture thereof.

32. A biodegradable implant according to claim 27, wherein the solvent is selected from the group consisting of N-methyl-2-pyrrolidone, 2-pyrrolidone, ethanol, propylene glycol, acetone, ethyl acetate, ethyl lactate, methyl acetate, methyl ethyl ketone, dimethylformamide, dimethyl sulfoxide, dimethyl sulfone, tetrahydrofuran, caprolactam, decylmethylsulfoxide, oleic acid, N,N-diethyl-m-toluamide, and 1-dod cylazacycloheptan-2-one and any combination and any mixture thereof.

33. A biodegradable implant according to claim 25, wherein the polymer is in a liquid state, capable of thermosetting, and, when placed in the pocket, is capable of being cured in-situ to form said implant.

34. A biodegradable implant according to claim 33, wherein the liquid polymer is an acrylic-ester-terminated prepolymer which when combined with a curing agent and placed in the pocket, is capable of being cured in-situ.

35. A biodegradable implant according to claim 34, wherein the prepolymer comprises poly(DL-lactide-co-caprolactone).

36. A biodegradable implant according to claim 25, further comprising a biologically active agent.

30 Patentansprüche

1. In situ sich bildendes, biologisch abbaubares Implantat zur Unterstützung der Wiederherstellung des Periodontium-Gewebes (Zahnwurzelgewebes) in einer Periodontium-Tasche, das umfaßt ein biologisch abbaubares Polymer mit einer Porosität in dem Bereich von 5 bis 95 %, wobei die Porosität gebildet wird durch Poren mit einer Größe in dem Bereich von 3 bis 500 µm.
2. Biologisch abbaubares Implantat nach Anspruch 1, das Poren mit einer Größe in dem Bereich von 20 bis 200 µm aufweist.
3. Biologisch abbaubares Implantat nach Anspruch 1, worin das Polymer thermoplastisch ist und in einem mit Wasser mischbaren flüssigen Lösungsmittel gelöst ist unter Bildung einer Lösung, wobei dann, wenn die Lösung in die Tasche eingeführt wird, das Polymer in der Lage ist, in der Tasche durch Verteilung des Lösungsmittels ein festes Implantat zu bilden.
4. Biologisch abbaubares Implantat nach Anspruch 3, worin die Lösung außerdem ein wasserlösliches Material enthält.
5. Biologisch abbaubares Implantat nach Anspruch 4, worin das wasserlösliche Material ausgewählt

wird aus der Gruppe, die besteht aus Zuckern, Salzen und wasserlöslichen Polymeren.

6. Biologisch abbaubares Implantat nach Anspruch 4, worin das wasserlösliche Material in einer Menge von 5 bis 85 Gew.-% vorliegt, bezogen auf das Gesamtgewicht des Polymers.

7. Biologisch abbaubares Implantat nach Anspruch 3, worin das Polymer ausgewählt wird aus der Gruppe, die besteht aus Polylactiden, Polyglycoliden, Polycaprolactonen, Polyanhydriden, Polyamiden, Polyurethanen, Polyesteramiden, Polyorthoestern, Polydioxanonen, Polyacetalen, Polycarbonaten, Polyorthocarbonaten, Polyphosphazenen, Polyhydroxybutyren, Polyhydroxyvaleren, polyalkylenoxalaten, Polyalkylensuccinaten, Poly(äpfelsäure), Poly(aminosäuren), Polyvinylpyrrolidon, Polyethylenglycol, Polyhydroxycellulose, Chitin, Chitosan und Copolymeren, Terpolymeren und beliebigen Kombinationen davon.

8. Biologisch abbaubares Implantat nach Anspruch 3, worin das Lösungsmittel ausgewählt wird aus der Gruppe, die besteht aus N-Methyl-2-pyrrolidon, 2-Pyrrolidon, Ethanol, Propylenglycol, Aceton, Ethylacetat, Ethyllactat, Methylacetat, Methylethylketon, Dimethylformamid, Dimethylsulfoxid, Dimethylsulfon, Tetrahydrofuran, Caprolactam, Decylmethylsulfoxid, Ölsäure, N,N-Diethyl-m-toluamid und 1-Dodecylazacycloheptan-2-on und einer beliebigen Kombination und Mischung davon.

9. Biologisch abbaubares Implantat nach Anspruch 1, worin das Polymer in einem flüssigen Zustand vorliegt, wärmehärtbar ist und, wenn es in die Taschen eingeführt wird, in situ gehärtet (vernetzt) werden kann unter Bildung des Implantats.

10. Biologisch abbaubares Implantat nach Anspruch 9, worin das flüssige Polymer ein Prepolymer mit endständigem Acrylsäureester ist, das, wenn es mit einem Härter kombiniert und in eine Tasche eingeführt wird, in situ ausgehärtet (vernetzt) werden kann.

11. Biologisch abbaubares Implantat nach Anspruch 10, worin das Prepolymer umfaßt Poly(DL-lactid-co-caprolacton).

12. Biologisch abbaubares Implantat nach Anspruch 1, das außerdem ein biologisch aktives Agens enthält.

13. In situ sich bildende, biologisch abbaubare Sperrschicht zur Verzögerung der Wanderung von Epithelzellen entlang der Wurzeloberfläche eines Zahns an die Spitze, das umfaßt ein biologisch abbaubares Polymer mit einer Porosität in dem Bereich von 5 bis 95 %, wobei die Porosität gebildet wird durch Poren mit einer Größe in dem Bereich von 3 bis 500 µm.

14. Biologisch abbaubare Sperrschicht nach Anspruch 13, die Poren mit einer Größe in dem Bereich von 20 bis 200 µm aufweist.

15. Biologisch abbaubare Sperrschicht nach Anspruch 13, worin das Polymer thermoplastisch und in einem mit Wasser mischbaren flüssigen Lösungsmittel gelöst ist unter Bildung einer Lösung, wobei dann, wenn die Lösung benachbart zur Wurzeloberfläche angeordnet ist, das Polymer in der Lage ist, nach der Verteilung des Lösungsmittels benachbart zu der Wurzeloberfläche ein festes Implantat zu bilden.

16. Biologisch abbaubare Sperrschicht nach Anspruch 15, worin die Lösung außerdem ein wasserlösliches Material enthält.

17. Biologisch abbaubare Sperrschicht nach Anspruch 16, worin das wasserlösliche Material ausgewählt wird aus einer Gruppe, die besteht aus Zuckern, Salzen und wasserlöslichen Polymeren.

18. Biologisch abbaubare Sperrschicht nach Anspruch 16, worin das wasserlösliche Material in einer Menge von 5 bis 85 Gew.-%, bezogen auf das Gesamtgewicht des Polymers, vorliegt.

19. Biologisch abbaubare Sperrschicht nach Anspruch 15, worin das Polymer ausgewählt wird aus der Gruppe, die besteht aus Polylactiden, Polyglycoliden, Polycaprolactonen, Polyanhydriden, Polyamiden, Polyurethanen, Polyesteramiden, Polyorthoestern, Polydioxanonen, Polyacetalen, Polycarbonaten, Polyorthocarbonaten, Polyphosphazenen, Polyhydroxybutyren, Polyhydroxyvaleren, polyalkylenoxalaten, Polyalkylensuccinaten, Poly(äpfelsäure), Poly(aminosäuren), Polyvinylpyrrolidon, Polyethylenglycol, Polyhydroxycellulose, Chitin, Chitosan und Copolymeren, Terpolymeren und irgendeine beliebige Kombination und Mischung davon.

20. Biologisch abbaubare Sperrschicht nach Anspruch 15, worin das Lösungsmittel ausgewählt wird aus der Gruppe, die besteht aus N-Methyl-2-pyrrolidon, 2-Pyrrolidon, Ethanol, Propylenglycol, Aceton, Ethylacetat, Ethyllactat, Methylacetat, Methylethylketon, Dimethylformamid, Dimethylsulfoxid, Dimethylsulfon, Tetrahydrofuran, Caprolactam, Decylmethylsulfoxid, Ölsäure, N,N-Diethyl-m-toluamid und 1-Dodecylazacycloheptan-2-on und einer beliebigen Kombination und Mischung davon.

Decylmethylsulfoxid, Ölsäure, N,N-Diethyl-m-toluamid und 1-Dodecylazacycloheptan-2-on und Kombinationen und Mischungen davon.

21. Biologisch abbaubare Sperrsicht nach Anspruch 13, worin das Polymer in einem flüssigen Zustand vorliegt, wärmehärtbar ist und, wenn es benachbart zu der Wurzeloberfläche angeordnet wird, in der Lage ist, *in situ* auszuhärten (zu vernetzen) unter Bildung der Sperrsicht.

22. Biologisch abbaubare Sperrsicht nach Anspruch 21, worin das flüssige Polymer ein Prepolymer mit endständigem Acrylester ist, das dann, wenn es mit einem Härterset kombiniert ist und benachbart zu der Wurzeloberfläche angeordnet ist, in der Lage ist, *in situ* ausgehärtet (vernetzt) zu werden.

23. Biologisch abbaubare Sperrsicht nach Anspruch 22, worin das Prepolymer umfaßt Poly(DL-lactid-co-caprolacton).

24. Biologisch abbaubare Sperrsicht nach Anspruch 13, die außerdem ein biologisch aktives Agens enthält.

25. In *situ* sich bildendes biologisch abbaubares Implantat zur Förderung der gezielten (gesteuerten) Geweberegenerierung in einer Periodontium-Tasche, das umfaßt ein biologisch abbaubares Polymer mit einer Porosität in dem Bereich von 5 bis 95 %, wobei die Porosität gebildet wird durch Poren mit einer Größe in dem Bereich von 3 bis 500 µm.

26. Biologisch abbaubares Implantat nach Anspruch 25, das Poren mit einer Größe in dem Bereich von 20 bis 200 µm aufweist.

27. Biologisch abbaubares Implantat nach Anspruch 25, worin das Polymer thermoplastisch und in einem mit Wasser mischbaren flüssigen Lösungsmittel gelöst ist unter Bildung einer Lösung, wobei dann, wenn die Lösung in die Tasche eingeführt wird, das Polymer in der Lage ist, nach der Verteilung des Lösungsmittels in der Tasche ein festes Implantat zu bilden.

28. Biologisch abbaubares Implantat nach Anspruch 27, worin die Lösung außerdem ein wasserlösliches Material enthält.

29. Biologisch abbaubares Implantat nach Anspruch 28, worin das wasserlösliche Material ausgewählt wird aus der Gruppe, die besteht aus Zuckern, Salzen und wasserlöslichen Polymeren.

30. Biologisch abbaubares Implantat nach Anspruch 28, worin das wasserlösliche Material in einer Menge von 5 bis 85 Gew.-%, bezogen auf das Gewicht des Polymers, vorliegt.

31. Biologisch abbaubares Implantat nach Anspruch 27, worin das Polymer ausgewählt wird aus der Gruppe, die besteht aus Polylactiden, Polyglycoliden, Polycaprolactonen, Polyanhydriden, Polyamiden, Polyurethanen, Polyesteramiden, Polyorthoestern, Polydioxanonen, Polyacetalen, Polycarbonaten, Polyorthocarbonaten, Polyphosphazenen, Polyhydroxybutyren, Polyhydroxyvaleraten, Polyalkylenoxalaten, Polyalkylensuccinaten, Poly(apfelsäure), Poly(aminosäuren), Polyvinylpyrrolidon, Polyethylenglycol, Polyhydroxyzellulose, Chitin, Chitosan und Copolymeren, Terpolymeren und irgendeine beliebige Kombination und Mischung davon.

32. Biologisch abbaubares Implantat nach Anspruch 27, worin das Lösungsmittel ausgewählt wird aus der Gruppe, die besteht aus N-Methyl-2-pyrrolidon, 2-Pyrrolidon, Ethanol, Propylenglycol, Aceton, Ethylacetat, Ethyllactat, Methylacetat, Methylethylketon, Dimethylformamid, Dimethylsulfoxid, Dimethylsulfon, Tetrahydrofuran, Caprolactam, Decylmethylsulfoxid, Ölsäure, N,N-Diethyl-m-toluamid und 1-Dodecylazacycloheptan-2-on und Kombinationen und Mischungen davon.

33. Biologisch abbaubares Implantat nach Anspruch 25, worin das Polymer in einem flüssigen Zustand vorliegt, wärmehärtbar ist und, wenn es in der Tasche angeordnet wird, in der Lage ist, *in situ* auszuhärten (zu vernetzen) unter Bildung der Sperrsicht.

34. Biologisch abbaubares Implantat nach Anspruch 33, worin das flüssige Polymer ein Prepolymer mit endständigem Acrylester ist, das dann, wenn es mit einem Härterset kombiniert ist und benachbart zu der Wurzeloberfläche angeordnet ist, in der Lage ist, *in situ* ausgehärtet (vernetzt) zu werden.

35. Biologisch abbaubares Implantat nach Anspruch 34, worin das Prepolymer umfaßt Poly(DL-lactid-co-caprolacton).

36. Biologisch abbaubares Implantat nach Anspruch 25, das außerdem ein biologisch aktives Agens enthält.

Relevante Dokumente

- Implant biodégradable se formant *in situ* pour ai-

der à la restauration du tissu périodontal dans un cul-de-sac périodontaire, comprenant:
un polymère biodégradable ayant une porosité comprise dans un intervalle allant de 5 à 95%, où la porosité est assurée par des pores ayant une taille allant de 3 à 500 micromètres (microns).

2. Implant biodégradable selon la revendication 1, l'implant incluant des pores ayant une taille allant de 20 à 200 micromètres (microns).

3. Implant biodégradable selon la revendication 1, dans lequel le polymère est thermoplastique et dissous dans un solvant liquide miscible à l'eau pour former une solution, où lorsque la solution est placée dans le cul-de-sac, le polymère est capable de former un implant solide dans le cul-de-sac lors de la dissipation du solvant.

4. Implant biodégradable selon la revendication 3, dans lequel la solution comprend en outre une matière soluble dans l'eau.

5. Implant biodégradable selon la revendication 4, dans lequel la matière soluble dans l'eau est choisie dans le groupe constitué par les sucres, les sels et les polymères solubles dans l'eau.

6. Implant biodégradable selon la revendication 4, dans lequel la matière soluble dans l'eau est présente en une quantité de 5 à 85% en poids sur la base du poids total du polymère.

7. Implant biodégradable selon la revendication 3, dans lequel le polymère est choisi dans le groupe constitué par les polylactides, les polyglycolides, les polycaprolactones, les polyanhydrides, les polyamides, les polyuréthanes, les polyesteramides, les polyorthoesters, les polydioxanones, les polyacétals, les polycarbonates, les polyortho-carbonates, les polyphosphazènes, les polyhydroxybutyrates, les polyhydroxyvalérates, les oxalates de polyalcoylène, les succinates de polyalcoylène, les polymères d'acide malique, les polymères d'acides aminés, la polyvinylpyrrolidone, le polyéthylène glycol, la polyhydroxy-cellulose, la chitine, le chitosane, et leurs copolymères, terpolymères et n'importe laquelle de leurs combinaisons.

8. Implant biodégradable selon la revendication 3, dans lequel le solvant est choisi dans le groupe constitué par la N-méthyl-2-pyrrolidone, la 2-pyrrolidone, l'éthanol, le propylène glycol, l'acétone, l'acétate d'éthyle, le lactate d'éthyle, l'acétate de méthyl, la méthyl-éthyl-céton, le diméthylformamide, le diméthylsulfoxyde, la diméthylsulfone, le tétrahydrofurane, le caprolactame, le décylméthylsulfoxyde, l'acide oléique, le N,N-diéthyl-toluamide et la 1-dodécylazacycloheptan-2-one, et n'importe laquelle de leurs combinaisons et mélangés.

9. Implant biodégradable selon la revendication 1, dans lequel le polymère est à l'état liquide, capable de durcir à la chaleur et est capable, une fois placé dans les culs-de-sacs, de durcir in situ pour former l'implant.

10. Implant biodégradable selon la revendication 9, dans lequel le polymère liquide est un prépolymère à terminaison d'ester acrylique qui lorsqu'on le combine avec un agent de durcissement et qu'on le met dans le cul-de-sac est capable de durcir in situ.

11. Implant biodégradable selon la revendication 10, dans lequel le prépolymère comprend la poly(DL-lactide-cocaprolactone).

12. Implant biodégradable selon la revendication 1, comprenant en outre un agent biologiquement actif.

13. Barrière biodégradable se formant in situ pour retarder la migration apicale des cellules épithéliales le long de la surface de la racine d'une dent, comprenant:
un polymère biodégradable ayant une porosité comprise entre 5 et 95%, la porosité étant assurée par des pores d'une taille allant de 3 à 500 micromètres (microns).

14. Barrière biodégradable selon la revendication 13, où la barrière inclut des pores ayant une taille allant de 20 à 200 micromètres (microns).

15. Barrière biodégradable selon la revendication 13, où le polymère est thermoplastique et dissous dans un solvant liquide miscible à l'eau pour former une solution, où lorsque la solution est disposée à côté de la surface de la racine, le polymère est capable de former un implant solide à côté de la surface de la racine lors de la dissipation du solvant.

16. Barrière biodégradable selon la revendication 15, où la solution comprend en outre une matière soluble dans l'eau.

17. Barrière biodégradable selon la revendication 16, où la matière soluble dans l'eau est choisie dans un groupe constitué par les sucres, les sels et les polymères solubles dans l'eau.

18. Barrière biodégradable selon la revendication 16,

où la matière soluble dans l'eau est présente en une quantité de 5 à 85% en poids sur la base du poids total du polymère.

19. Barrière biodégradable selon la revendication 15, où le polymère est choisi dans le groupe constitué par les polylactides, les polyglycolides, les polycaprolactones, les polyanhydrides, les polyamides, les polyuréthanes, les polyesteramides, les polyorthoesters, les polydioxanones, les polyacétals, les polycarbonates, les polyorthocarbonates, les polyphosphazènes, les polyhydroxybutyrates, les polyhydroxyvalérates, les oxalates de polyalcoylène, les succinates de polyalcoylène, les polymères d'acide malique, les polymères d'acides aminés, la polyvinylpyrrolidone, le polyéthylène glycol, la polyhydroxy-cellulose, la chitine, le chitosane, et leurs copolymères, terpolymères et n'importe laquelle de leurs combinaisons et mélanges.

20. Barrière biodégradable selon la revendication 15, dans laquelle le solvant est choisi dans le groupe constitué par la N-méthyl-2-pyrrolidone, la 2-pyrrolidone, l'éthanol, le propylène glycol, l'acétone, l'acétate d'éthyle, le lactate d'éthyle, l'acétate de méthyle, la méthyl-éthyl-cétone, le diméthylformamide, le diméthylsulfoxyde, la diméthylsulfone, le tétrahydrofurane, le caprolactame, le décylméthylsulfoxyde, l'acide oléique, le N,N-diéthyl-m-toluamide, et la 1-dodécyiazycloheptane-2-one et leurs combinaisons et mélanges.

21. Barrière biodégradable selon la revendication 13, où le polymère est à l'état liquide, capable de durcir à la chaleur, et, lorsqu'il est placé à côté de la surface de la racine, est capable d'être durci in situ pour former la barrière.

22. Barrière biodégradable selon la revendication 21, où le polymère liquide est un prépolymère à terminaison ester acrylique qui lorsqu'on le combine avec un agent de durcissement et qu'on le place à côté de la surface de la racine, est capable d'être durci in situ.

23. Barrière biodégradable selon la revendication 22, où le prépolymère comprend la poly(DL-lactide-co-caprolactone).

24. Barrière biodégradable selon la revendication 13, comprenant en outre un agent biologiquement actif.

25. Implant biodégradable se formant in situ pour favoriser la régénération tissulaire guidée dans un cul-de-sac périodontaire, comprenant:

5 un polymère biodégradable ayant un porosité comprise entre 5 et 95%, où la porosité est assurée par des pores ayant une taille comprise entre 3 et 500 micromètres (microns).

10 26. Implant biodégradable selon la revendication 25, l'implant incluant des pores ayant une taille allant de 20 à 200 micromètres (microns).

15 27. Implant biodégradable selon la revendication 25, dans lequel le polymère est thermoplastique et dissous dans un solvant liquide miscible à l'eau pour former une solution, où lorsque la solution est placée dans le cul-de-sac, le polymère est capable de former un implant solide dans le cul-de-sac lors de la dissipation du solvant.

20 28. Implant biodégradable selon la revendication 27, dans lequel la solution comprend en outre une matière soluble dans l'eau.

25 29. Implant biodégradable selon la revendication 28, dans lequel la matière soluble dans l'eau est choisie dans le groupe constitué par les sucres, les sels et les polymères solubles dans l'eau.

30 30. Implant biodégradable selon la revendication 28, dans lequel la matière soluble dans l'eau est présente en une quantité de 5 à 85% en poids sur la base du poids du polymère.

35 31. Implant biodégradable selon la revendication 27, dans lequel le polymère est choisi dans le groupe constitué par les polylactides, les polyglycolides, les polycaprolactones, les polyanhydrides, les polyamides, les polyuréthanes, les polyesteramides, les polyorthoesters, les polydioxanones, les polyacétals, les polycarbonates, les polyorthocarbonates, les polyphosphazènes, les polyhydroxybutyrates, les polyhydroxyvalérates, les oxalates de polyalcoylène, les succinates de polyalcoylène, les polymères d'acide malique, les polymères d'acides aminés, la polyvinylpyrrolidone, le polyéthylène glycol, la polyhydroxy-cellulose, la chitine, le chitosane, et leurs copolymères, terpolymères et n'importe laquelle de leurs combinaisons et mélanges.

40 45 50 55 32. Implant biodégradable selon la revendication 27, dans lequel le solvant est choisi dans le groupe constitué par la N-méthyl-2-pyrrolidone, la 2-pyrrolidone, l'éthanol, le propylène glycol, l'acétone, l'acétate d'éthyle, l'acétate de méthyle, la méthyl-éthyl-cétone, le diméthylformamide, le diméthylsulfoxyde, la diméthylsulfone, le tétrahydrofurane, le caprolactame, le décylméthylsulfoxyde, l'acide oléique, le N,N-diéthyl-m-toluamide, et la 1-dodécyiazycloheptane-2-one et leurs combinaisons et mélanges.

cloheptane-2-one, et n'importe laquelle de leurs combinaisons et mélanges.

33. Implant biodégradable selon la revendication 25, dans lequel le polymère est à l'état liquide, capable de durcir à la chaleur et, lorsqu'il est placé dans le cul-de-sac, est capable de durcir in situ pour former ledit implant. 5

34. Implant biodégradable selon la revendication 33, dans lequel le polymère liquide est un prépolymère à terminaison ester acrylique qui lorsqu'il est combiné avec un agent de durcissement et disposé dans le cul-de-sac, est capable de durcir in situ. 10

35. Implant biodégradable selon la revendication 34, où le prépolymère comprend la poly(DL-lactide-co-caprolactone). 15 20

36. Implant biodégradable selon la revendication 25, comprenant en outre un agent biologiquement actif. 25

30

35

40

45

50

55

15